

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026534

FILED  
Jul 23, 2005  
Secretary of State

**Entity Name:** TOUCHES OF HEALTH, LLC

**Current Principal Place of Business:**

1833 DEMING AVENUE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

2432 SE PINERO ROAD  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1833 DEMING AVENUE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

2432 SE PINERO ROAD  
PORT ST. LUCIE, FL 34952

FEI Number: 05-0602295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HITT, ELIZABETH B  
100 SE 2ND STREET, STE. 3550  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORTHCUTT, CLARICE E  
Address: 1833 DEMING AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NORTHCUTT, CLARICE E  
Address: 2432 SE PINERO ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLARICE E. NORTHCUTT

MGRM

07/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date